



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



**APPLICATION FOR MONEY TRANSMITTER
OR ISSUER OF CONNECTICUT PAYMENT INSTRUMENTS LICENSE**

Application is hereby made for a license under Chapter 668, Part V of the Connecticut General Statutes

License Type

Money Transmission



Money Transmission

Connecticut Payment Instruments



Money Orders



Travelers Checks



Electronic Payment Instruments

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

Business Phone, Fax and Email:

Business Phone:

Fax Line:

Email Address:

Other Business Names

Web Addresses

Contact Employee Information

Company:
Name:
Title:
Mailing Address:

City:
State/Province:
Country:
Postal Code:
Business Phone:
Fax Line:
Email Address:

Consumer Complaint Employee Information

Name:
Title:
Business Address:

City:
State/Province:
Country:
Postal Code:
Business Phone:
Fax Line:
Email Address:
Comments:

Books and Records Information

Name:
Title:
Business Address:
City:
State/Province:
Country:
Postal Code:
Business Phone:
Fax Line:
Email Address:

Other Activities

Will the Applicant engage in any activities not related to money transmission or issuing Connecticut payment instruments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>NOTE: If "Yes" briefly describe.</i>		

Legal Status

Form of Organization:
State:
Date of formation (MM/DD/YYYY):
If publicly traded, stock symbol:
Employer Identification Number:
Social Security Number: (if a Sole Proprietorship)

Disclosure Questions

Has (or does) the Applicant, or any partner (if the Applicant is a partnership), any member (if the Applicant is a limited liability company or association), or any officer, director, trustee, principal employee or shareholder owning ten percent or more of outstanding stock of the Applicant (if the Applicant is a corporation):

CRIMINAL DISCLOSURE

- | | | |
|--|------------------------------|-----------------------------|
| (a) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) have pending charges for any felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (1) any aspect of the money transmission business, (2) any aspect of the business of issuing payment instruments, (3) any fraud, (4) false statements or omissions, (5) theft or wrongful taking of property, (6) bribery, (7) perjury, (8) forgery, (9) counterfeiting, or (10) extortion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) have pending charges for any misdemeanor specified in (c)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

REGULATORY DISCLOSURE

- | | | |
|--|------------------------------|-----------------------------|
| (e) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any state or federal regulatory agency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) ever been refused any license by a governmental banking agency or authority or been refused any license (except motor vehicle operator) by any other governmental agency or authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

CIVIL DISCLOSURE

- | | | |
|--|------------------------------|-----------------------------|
| (g) ever been the subject of proceedings in: bankruptcy, receivership, assignment for the benefit of creditors; consumer-initiated litigation or arbitration filed in connection with a financial services-related business; or any litigation that, according to generally accepted accounting principles, is deemed significant to financial health and would be required to be referenced in an annual audited financial statement, report to shareholders, or similar documents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

NOTE: *If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.*

Affiliates/Subsidiaries

Is the Applicant controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company?

Yes ☐ No ☐

NOTE: *If "Yes" provide the name and address of the entity and describe the type of relationship.*

Control Persons

FULL NAME TITLE	RESIDENTIAL ADDRESS	DATE OF BIRTH	OTHER OCCUPATION
<hr/>			

Direct Owners

FULL NAME TITLE	RESIDENTIAL ADDRESS	PERCENT OF OWNERSHIP
<hr/>		

Indirect Owners

FULL NAME	TYPE OF RELATIONSHIP	PERCENT OF OWNERSHIP
<hr/>		

Jurisdiction Participation

States in which Applicant operates:

Permissible Investments

	Date of	Total USA
Audited F/S	<hr/>	<hr/>
Interim F/S	<hr/>	<hr/>

Outstanding Instruments

	Date of	State of Connecticut	Total USA
Audited F/S	<hr/>	<hr/>	<hr/>
Interim F/S	<hr/>	<hr/>	<hr/>

Signature of Applicant

(Signature) *(Name and Title - Print)*

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public) *(My Commission Expires)*
(Commissioner of the Superior Court)

NOTE: This application must be signed by a Control Person listed on the Application.